



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM  
**ASBESTOS CONTRACTOR REGISTRATION APPLICATION**

**FOR APCP USE ONLY**

DATE RECEIVED

CHECK DATE

CHECK NUMBER

CHECK AMOUNT

**GENERAL INSTRUCTIONS**

Persons desiring to register with the Department of Natural Resources to perform asbestos projects in the state of Missouri must provide all the information requested in this application in order to comply with the requirements of state law (Chapter 643) and Regulations (10 CSR 10-6.240). Failure to complete, sign, and notarize this application, or to submit the required fee of \$1000 will delay registration. Registration must be renewed annually. Make checks payable to Missouri Air Pollution Control Program. Allow two months for review and processing of this application. Type all information requested on this form. Where a separate sheet is required to provide information requested, the supplemental form (or copies thereof) shall be used. Completed applications and registration fee are to be mailed to:

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM (ASBESTOS)  
P.O. Box 176  
Jefferson City, Missouri 65102

☐ RENEWAL      ☐ NEW REGISTRATION

1. COMPANY NAME

2. MAILING ADDRESS (NUMBER AND STREET/P.O. BOX NUMBER)

CITY

STATE

ZIP

3. LOCATION (IF DIFFERENT FROM ABOVE) (NUMBER AND STREET)

4. BUSINESS PHONE

voice

fax

5. CONTACT PERSON

TELEPHONE NUMBER

CONTACT PERSON

TELEPHONE NUMBER

6. DO ANY OF THE PRINCIPALS OF YOUR COMPANY NOW, OR DID THEY IN THE PAST THREE YEARS, OWN OR OPERATE OTHER ASBESTOS CONTRACTING COMPANIES?

☐ YES    ☐ NO    IF SO, LIST NAME AND ADDRESS OF EACH COMPANY

7. LIST ALL STATES IN WHICH YOU ARE REGISTERED OR LICENSED AS AN ASBESTOS ABATEMENT CONTRACTOR. PLEASE USE TWO-LETTER ABBREVIATIONS.

8. NUMBER OF ASBESTOS PROJECTS PERFORMED IN MISSOURI IN THE PAST CALENDAR YEAR

9. NUMBER OF ASBESTOS PROJECTS PERFORMED NATIONWIDE IN THE PAST CALENDAR YEAR

10. LIABILITY INSURANCE IS PROVIDED BY

ADDRESS

TELEPHONE NUMBER

11. SUMMARY OF INSURANCE COVERAGE

12. LIST ALL CITATIONS OR NOTICES OF SUBSTANTIVE VIOLATION OF ASBESTOS RELATED LAWS AND/OR REGULATIONS RECEIVED IN THE PAST THREE YEARS FROM ANY FEDERAL, STATE, OR LOCAL AGENCY. INCLUDE DATE ISSUED, NATURE OF VIOLATION, AND RESOLUTION FOR EACH.

USE SUPPLEMENTAL FORM AS REQUIRED

13. LIST ALPHABETICALLY NAMES AND MISSOURI CERTIFICATE NUMBERS FOR ALL ON-SITE SUPERVISORY PERSONNEL CURRENTLY EMPLOYED.

**\*Note: At least one Missouri certified supervisor must be listed.**

14. LIST ALPHABETICALLY NAMES AND MISSOURI CERTIFICATE NUMBERS FOR ALL ASBESTOS ABATEMENT WORKERS CURRENTLY EMPLOYED.

Provide below a detailed description of how your employment policies meet OSHA training and safety standards as set forth in 29 CFR 1926.1101. Training materials distributed to employees may be submitted in lieu of written description.

15. MEDICAL SURVEILLANCE PROGRAM FOR ASBESTOS PERSONNEL.

16. RESPIRATORY PROTECTION POLICY FOR ASBESTOS PERSONNEL

17. DESCRIBE TYPE OF PROTECTIVE CLOTHING PROVIDED TO WORKERS.

<b>USE SUPPLEMENTAL FORM AS REQUIRED</b>
18. LIST MANUFACTURER, TYPE (MODEL NUMBER) SERIAL NUMBER, PURCHASE DATE, AND NUMBER OF UNITS OWNED, FOR EACH OF THE FOLLOWING TYPES OF EQUIPMENT. (substitute approval number, tc-21c . . . for serial number for personal respirators).
HEPA FILTERED EXHAUST VENTILATION UNITS ("NEGATIVE AIR MACHINES") <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>
HEPA FILTERED VACUUM CLEANING DEVICES ("HEPA VACS") <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>
HEPA FILTERED LARGE EXTERNAL VACUUM UNITS ("SUPER SUCKERS") <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>
NEGATIVE PRESSURE AIR-PURIFYING RESPIRATORS <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>
POWERED AIR-PURIFYING RESPIRATORS <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>

<b>AUTHENTICATION</b>			
THE FOLLOWING STATEMENT MUST BE SIGNED BY THE CHIEF EXECUTIVE OF THE BUSINESS ENTITY APPLYING FOR REGISTRATION. I hereby certify that the information included in this application and any supplemental information attached to it are true to the best of my knowledge and understanding. I further certify that I understand that any registration issued pursuant to this application may be denied, revoked, or suspended for failure to comply with any work practice or other requirement established under state law.			
SIGNED			DATE
PRINT OR TYPE NAME			
NAME OF FIRM			
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS <div style="text-align: center;">DAY OF</div> <div style="text-align: right;">19</div>		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

## SUPPLEMENTAL INFORMATION

Duplicate as many copies of this form as necessary to complete the application. Also consecutively number each additional page at the top of this page.

ITEM NUMBER
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PAGE NUMBER
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